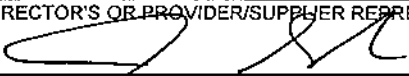


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure hazardous area one (1) hour fire rated construction is maintained.</p> <p>The findings include:</p> <p>Observation on August 20, 2012 at 2:50 p.m. revealed two (2) penetrations in boiler room 3.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 20, 2012.</p>	K 029	<p>K 029</p> <ol style="list-style-type: none"> 1. It is the policy of Life Care of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to assure hazardous area one (1) hour rated construction is maintained. On 8/20/12 Maintenance Director corrected the noted penetrations. 2. Audit completed by Maintenance Director to assure no further penetrations on 8/20/12. 3. Maintenance Director will audit building monthly for penetrations for three months to ensure compliance. 4. Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed. 	8/20/12	
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p>	K 045	<p>K 045</p> <ol style="list-style-type: none"> 1. It is the policy of Life Care of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to assure exits paths are lighted so the area will 	8/24/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	9/5/12

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 165 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exits paths were lighted so the area would not be in total darkness. The findings include: Observation on August 20, 2012 between the times of 1:30 p.m. and 2:30 p.m. revealed the following locations did not have adequate lighting at exit and exit paths: 1. Physical Therapy Exit 2. 10 Hall Exit These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 20, 2012.	K 045	not be in total darkness. On 8/24/12 the Maintenance Director installed outside lighting to light the noted exit paths. 2. Audit completed by Maintenance Director on 8/24/12 to ensure all exit paths were lighted and this was in compliance. 3. Maintenance Director will audit exit paths monthly to ensure exit paths are lighted and are in compliance. 4. Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.		
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to do assure smoke detectors were tested for sensitivity every two (2) years. The findings include:	K 054	K 054 1. It is the policy of Life Care of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to assure smoke detectors are tested for sensitivity every two (2) years. On 8/20/12, facility was unable to find documentation to show sensitivity test was conducted. Contractor was	8/23/12	

SEP 06 2012

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 054	Continued From page 2 Record review and interview with the maintenance director on August 20, 2012 at 3:30 p.m. revealed and confirmed that the facility failed to have smoke detector sensitivity done.	K 054	Contacted on 8/20/12 and a successful test was conducted on 8/23/12.		
K 147 SS=D	This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 20, 2012. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure adequate electrical outlets were installed in accordance with NFPA 70. The findings include: Observation on August 20, 2012 at 2:40 p.m. revealed in boiler room one (1) and boiler room two (2) that surge protectors were being used for lack of electrical outlets, for the hot water heaters. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 20, 2012.	K 147	2. Audit of the test documentation was conducted by the Maintenance Director and Executive Director and was found to be in compliance on 8/23/12. 3. Maintenance Director will audit every month to ensure the proper documentation is accessible and shows the test has been conducted and has scheduled the next test for January 2014 to ensure compliance. 4. Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.		
		K 0147	1. It is the policy of Life Care of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to assure		8/22/12

SEP 06 2012

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All new facilities shall conform to the 2006 edition of the International Building Code, except for Chapter 11 pertaining to accessibility and except for Chapter 27 pertaining to electrical requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code; the 2006 edition of the International Fuel and Gas Code; the 2006 edition of the National Fire Protection Code (NFPA) NFPA 1 including Annex A which incorporates the 2006 edition of the Life Safety Code; the 2010 Guidelines for Design and Construction of Health Care Facilities; the 2005 edition of the National Electrical Code; and the 2005 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. The requirements of the 2004 Americans with Disabilities Act (A.D.A.), and the 1999 edition of North Carolina Handicap Accessibility Codes with 2004 amendments apply to all new facilities and to all existing facilities that are enlarged or substantially altered or repaired after July 1, 2006. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes and regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility</p>		N 832	<p>there is adequate electrical outlets installed in accordance with NFPA 70. On 8/22/12 Maintenance Director installed electrical outlets in boiler room one (1) and boiler room two (2) for the hot water heaters.</p> <p>2. Audit completed by Maintenance Director and Executive Director of building to ensure electric outlets were installed in accordance with NFPA 70.</p> <p>3. Maintenance Director will audit electrical outlets monthly to ensure compliance of all electrical outlets.</p> <p>4. Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.</p>	9/30/12
			N 832	<p>1. It is the policy of Life Care of Copper Basin to comply with all codes that are required for alterations and to attain approval prior to alterations.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrative

9/5/12

STATE FORM

6899

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If continuation sheet 1 of 2

SEP 06 2012